

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM 170-870)

SERIAL NO.

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1/4 ALLOWANCE		AFTER 2/4 ALLOWANCE	
	EXO.	OEP.	EXO.	OEP.	EXO.	OEP.
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TOTAL EXO.	71					
TOTAL OEP.	3					
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TOTAL EXO.	71					
TOTAL OEP.	3					
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